



ACADEMIC HEALTH SCIENCE SYSTEMS

The Foundation of Sláintecare

A report from discussions at a joint symposium of the Chief Academic Officers, Group Chief Executive Officers and Community Health Organisation Chief Officers of Ireland, held at Farmleigh House, Thursday, May 18th 2023.

ACKNOWLEDGEMENTS

We wish to express our sincere appreciation to all those who contributed to the success of the “Academic Health Science Systems: The Foundation of Sláintecare” meeting at Farmleigh House in May 2023.

Your support was instrumental in facilitating our gathering and the worthwhile discussions that ensued. We want to express our gratitude to the Hospital Group Chief Executive Officers and the Community Healthcare Organisation Chief Officers who showed their commitment and support to the development of an Academic Health Sciences System. Your collaboration was the key to making this meeting happen.

We are so grateful to our speakers and panellists who shared their expertise, insights, and experiences, enriching the discussions and providing valuable perspectives. Your contributions have been invaluable in advancing the dialogue on the development of an Academic Health Sciences System which will serve to underpin Sláintecare and provide the best possible patient outcomes.

A complete list of hosts, keynote speakers, panellists, and organisers can be found below.

We also extend a special thanks to Mr. Jim Breslin, Secretary General, Department of Further and Higher Education, Research, Innovation, and Science, for access to Farmleigh House.

Chief Academic Officer Group



Professor Anthony O'Regan,
CAO Saolta Group



Professor Helen Whelton
CAO South South-West Hospital Group



Professor Hilary Humphreys,
CAO RCSI Hospitals



Professor Martina Hennessy,
CAO Dublin Midlands Hospital Group



Professor Owen Smith,
CAO Children's Health Ireland



Professor Paul Burke,
CAO UL Hospitals Group



Professor Timothy Lynch,
CAO Ireland East Hospital Group



The dedication and collaboration of the following individuals and groups have been instrumental in the success of this meeting and the development of this report. We express our heartfelt thanks for their contributions.

Hosts

Tony Canavan, Saolta Hospital Group Chief Executive Officer

Ellis Hardiman, CEO CHI

Colette Cowan, CEO UL Hospitals Group

Representatives from the Community Healthcare Organisation Chief Officers, **Mellany McLoone**, CO DNCC, and **Martina Queally**, CHO 6

Chief Academic Officers Group

Keynote Speakers

Prof David Kelleher, Dean of Faculty of Medicine, University of British Columbia

Prof David Burn, Pro Vice Chancellor of the Faculty of Medical Sciences at Newcastle University

Prof Landon King, Executive Vice Dean for the Johns Hopkins University School of Medicine

Prof Paul Whelton, Professor of Epidemiology, Tulane University

Panellists

Professor Dermot Kelleher, Dean of Faculty of Medicine, University of British Columbia

Professor Cathal Kelly, Vice Chancellor & CEO/Registrar, RCSI

Dr. Ruth Freeman, Director of Science for Society, Science Foundation Ireland

Dr. Derick Mitchell, CEO, Irish Platform for Patients' Organisations, Science & Industry

Mr. Muiris O'Connor, Assistant Secretary, Department of Health

Professor David Burn, Pro Vice Chancellor, Faculty of Medical Sciences, Newcastle University

Mr. Ken Mealy, RCSI, Chair of the Forum of Irish Postgraduate Medical Training Bodies

Dr. Liam Woods, Head of Health Region Implementation

Professor Nicole Muller, Head of School of Clinical Therapies, UCC

Dr. Ana Terres, Head of Research & Evidence, Assistant National Director, HSE

Dr. Avril Keenan, CEO of Health Research Charities

Professor Orla Feely, President of University College Dublin

Dr. Colm Henry, Chief Clinical Officer, HSE

Professor John O'Halloran, President of University College Cork

Professor Landon King (virtual), Executive Vice Dean, Johns Hopkins University School of Medicine



FOREWORD

The Academic Health Science System Concept

The Irish health service faces a period of unprecedented change, challenge and opportunity, not least in terms of access to, and achieving full integration of acute, community and public health services. Sláintecare is the government's blueprint to achieve this.

To succeed, we believe Sláintecare must be built around an Academic Health Science System (AHSS), fostering optimal outcomes for patients and staff through a strategic partnership between academia and health. This healthcare system must integrate quality care seamlessly with teaching, training, research, and innovation. We need to act now if we want to enable this plan.

The AHSS concept and its implementation are in place around the world. Excellent models exist in the U.K. Canada, the U.S and Europe that bring together academia, industry and healthcare in public and private partnerships which result in unparalleled opportunities for improved health and economic benefit.

Discrete examples of this approach exist in Ireland with pockets of collaboration and innovation that result in new discoveries, new ways of delivering healthcare, with patients' lives saved and improved. However, despite leading universities, a thriving

biotech and pharmaceutical sector, and imminent Universal Healthcare, Ireland has not systematically advanced the AHSS concept, except during COVID when scientific research, evidence, and care linkage played a crucial role in developing life-saving health policies.

Data clearly indicates that patients have better outcomes in such systems, staff are more engaged and better qualified and there are benefits to the economy through the knowledge that is created.

Realising the Potential of Sláintecare

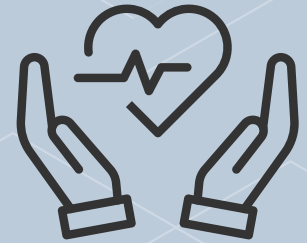
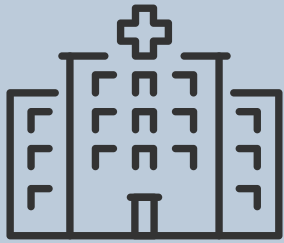
To gain full advantage for a new integrated healthcare system we need to develop a co-ordinated approach to implementing an AHSS as the foundation of Sláintecare, with robust linked education, training, research and innovation structures and policies that are visible and accountable to the public, centrally and at regional levels.

Implementing an AHSS in Ireland will break down barriers between silos of expertise, and foster partnership, collaboration and better ways of doing things. This approach will also enable research and evidence to improve

What are the Health Benefits?

Healthcare system will benefit from a cluster model, involving the integration of research innovation and academia on a dynamic AHSS Campus.

Start-up healthcare companies will have access to academia and commercial partnerships in order to deliver outcomes for patients worldwide.



World-class facilities will enable cutting edge research to be undertaken, ensuring the best health outcomes for patients and attract further high-quality clinicians and researchers.

The close proximity of the hospital to key organisations will allow clinicians the time and space to undertake research and drive bench to bed clinical trials in Ireland.

care at scale, strengthen population health and healthcare delivery in the community.

infrastructure so healthcare professionals can research, innovate, teach and train others.

The success of Sláintecare is predicated on the quality of our doctors, nurses, allied health professionals, educators and researchers. In turn, their excellence depends on a strong research-led University sector with secure access to authentic clinical learning experiences. Globally, Irish health practitioners are renowned, but domestically, we have failed to capitalise on the synergy between the health and education sectors to retain the excellence of our graduates for the benefit of Irish patients and the public.

Developing an AHSS that deliberately leverages policy alignment and resources between academia and health in support of education and research will lead to accelerated discovery, better clinical care, retention of our best talent and implementation of the positive societal impacts articulated in multiple strategies such as, Healthy Ireland, Impact 2030, the National Cancer Strategy 2017-2026, the National Strategy for accelerating genetic and genomic medicine and the HRB Strategy 2021-2025: Health Research - Making an Impact.

Integration is the cornerstone of Sláintecare. It's impetus provides motive and opportunity to explicitly emphasise cross-disciplinary healthcare education and optimise interprofessional learning and service delivery, for the benefit of patients, staff, the community, the health service and the economy.

What follows is a report that captures the main points from a daylong discussion amongst healthcare leaders, academics, patients, experts and others at Farmleigh House in Dublin in May 2023 on the value of AHSS in the implementation of Sláintecare. Together, we charted a future for Irish healthcare that explicitly values an AHSS to improve the care of patients in hospitals, primary care, and the community.

To realise the potential, we must build integrated education infrastructure on both the University campus and at the frontline of care, where it can make the most of the expertise and passion of our graduates to stay in Ireland and serve the public good. We need to enrich education and training environments to support collaboration and encourage a more research-focused mind-set, underpinned by protected time and access to research

This meeting was an early milestone in the journey towards creating a more integrated, collaborative, multi-sector and systematic approach to healthcare innovation and delivery that will benefit us all.



EXECUTIVE SUMMARY

The one-day colloquium was attended by over 100 delegates from the health sector, academia research funders, charities and the public. The key themes of the importance of an Academic Health Sciences System for high-quality patient care ; the Enhancement of patient care by overcoming obstacles within Transformative Research and Innovation; and Education and Training as the bedrock of Quality Patient Care, were considered across three sessions underpinned by open and frank debate. The event concluded with an overview and a discussion of what is needed to establish an Academic Health Sciences System (AHSS) in Ireland.

The sessions brought the expertise of international and local speakers together with the experiences of those who work at the nexus between healthcare, academia, research and education. Vignettes provided insights to how an AHSS works in practice. Breaks encouraged engaged conversations, opportunities to network and practical discussions on the way forward.

This document presents only a brief synopsis of each session preceded by a challenge statement and accompanied by exemplar participant quotes. We conclude with a set of “next step” actions. These will form the basis of the CAO group work programme for 2023/24.



Session 1. AHSS-Crucial for High Quality Patient Care

Synopsis

The opening session emphasised our shared values as stakeholders and custodians of Irish healthcare, as well as the level of trust and partnership required between the leaders of Academia, the HSE and Government Departments of Health, Higher Education and Innovation to make an AHSS a reality.

It was acknowledged that over recent years, the Irish health service has been taking steps to facilitate the development of the AHSS, through establishment of hospital groups and the CAO role, the Paediatric Academic Health Science Centre and co-location of the new Children's hospital on the St James' Hospital campus.

Funding of an AHSS should be viewed as an investment in the future that will yield clear and accountable benefit for patients and enhance Ireland's reputation as a leader in healthcare and biomedical research. The potential commercial, economic and societal benefits derived through expansion of education and research infrastructure to enable innovation, employment and partnership were evidenced as significant. This is especially relevant to Ireland where many top performing global pharma, medical device and clinical research organisations are head-quartered.

To meet the needs of the health-service and these industries, Ireland needs to develop its readiness for the advanced care pathways and therapies

that will be deployed across a range of rare and complex diseases. Surveys show our highly qualified health professionals overwhelmingly accept that research and education lead to better patient-centred care. They wish to engage fully with that but require protected time to do so as well as a substantial increase in clinical-academic medical and HSCP appointments, across a range of specialities and settings.

What we have come to understand over time is that the relationship [between the university and health services] itself helps patients...

Tony Canavan, CEO Saolta Group



Session 2. Transformative Research and Innovation Enhances Healthcare. Overcoming Obstacles

The implementation of AHSS can have a very beneficial effect in impoverished regions with poor health, as a healthier population is more productive. Partnerships are key with training, bringing together medical, allied health professionals, pharmacists, data scientists etc. Big data can solve problems on the ground such as why repeat patients attend emergency departments.

An AHSS can empower staff to influence healthcare in the community. Sláintecare highlights the importance of population health, empowering healthcare networks and supporting individuals to live as independently as possible in the community. This will require digitally enabled patient care with the use of data.

We need to address silos, more effectively integrate academia and healthcare, think tactically beyond the day-to-day running of the health service, and develop the capacity and resources to provide state of the art clinical training for our future healthcare workforce

“The more research-active you are as a hospital, when you correct for all confounders, the better the patient outcomes, if you ever needed a justification to embed research into service, this is it.”

Professor David Burn, **Director of Newcastle Health Innovation Partners, Pro-Vice Chancellor Faculty of Medical Sciences at Newcastle University**



Session 3. Education and Training - The Bedrock of Quality Patient Care

The concept of academics and clinicians working together is not new but it needs the active and willing participation and formal cooperation of universities, health systems and others. It needs to be underpinned by career structures and placement in the community with education and research being rewarded across the healthcare system. Framing academic research into how to get someone off a trolley might ensure that those involved would engage in research in a more meaningful way. Having researchers and trainees together makes the healthcare environment a more exciting place that fosters enthusiasm that can lead to improvements.

Education and training must be integrated into all clinical service plans, with accountable and accessible training models. More resources are required to support training on clinical sites, but to date this is based on informal agreements and too dependent on good will, in many places. The COVID-19 pandemic taught us to be flexible and we have to maximise training opportunities in primary care, community care and in hospitals.

There are over 55,000 older people in the community supported by home support and it's a budget of over €660,000,000, ... And yet our research in relation to those people is very little."

Mellany McLoone, **CEO CHO DNCC.**

Higher Education Institutions in Ireland have extraordinarily talented people across medicine, other various healthcare fields, technology, data science, the social and behavioural sciences, and all these must be included in the conversation. Research, innovation, education and training as part of healthcare delivery are all part of an integrated ecosystem with synergistic benefits for all, not least patients.

Overview and Closing Remarks

It is vital that all see the bigger picture with good policies top-down and bottom-up with strategic thinking ensuring important development, e.g. electronic health records providing important insights. Philanthropy can play a role when this aligns with our values.

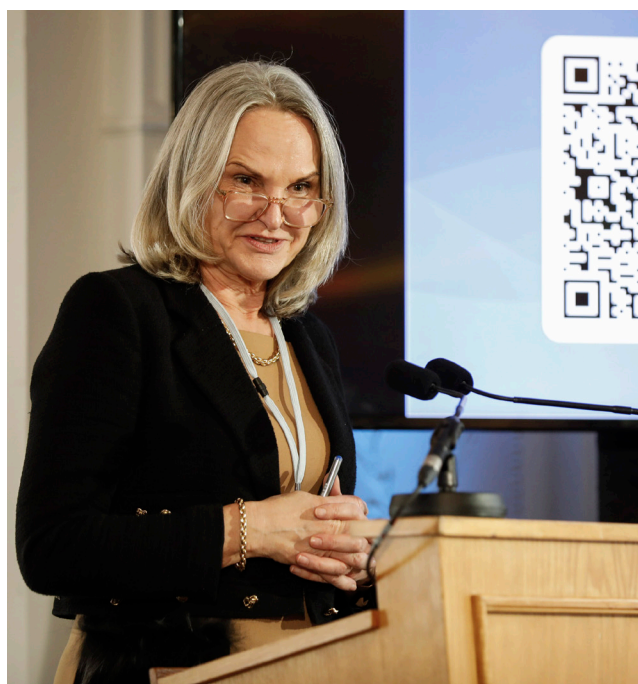
Sláintecare is a new beginning for the Irish health service that highlights the importance of community care. The AHSS model, as part of Sláintecare, can provide better outcomes for patients, foster innovation, and attract and retain our brightest and most talented healthcare staff.

NEXT STEPS

Establish Strong Governance and Leadership

Academic Health Science Systems need to integrate into Health Regions with clinical academic leadership represented both in the regional structure and centrally in the relevant SlainteCare implementation groups. The Chief Academic Officers and Research Leads have an important role in ensuring this. What is required are:

- Secure CAO representation on the Health Region Implementation Group
- Ensure representation of education, training, research, and innovation within HSE Central and the Health Region Leadership Team, with a preference for a Chief Academic Officer (CAO) representing within the Health Region.
- Work with local Health Regions to devise a governance structure that best reflects the clinical and academic partnerships in that region
- Align relevant education, training, research & innovation resources within the HSE with Health Region structures and develop appropriate processes to support AHSS within each Health Region
- Identify relevant key performance indicators (KPIs) for these areas
- Include relevant KPIs for these as part of the brief of the Health Region CEO



Cross-Sectoral Agreement

A template for a memorandum of understanding between Health Regions and higher education institutes in each region should be developed and implemented.

Enable Integration

We need to develop the appropriate 'pipework', i.e. legal, management and support mechanisms to facilitate governance and leadership. Specifics of this include:

- Assemble a policy-development group with membership from key stakeholders, i.e. Department of Health, Department of Further and Higher Education, HSE, Universities, Voluntary Hospitals etc.
- Prepare a policy document for approval

Create space and meaning for people

We need to create space and time for people to engage in strategy, anticipate challenges, solve problems and innovate in the healthcare system. Patients and the public must be full partners. Language enables collaboration, motivation and shared understanding. Specifically, we should,

- Adopt a pro-active communication strategy to share best practice with the public
- Ensure it complies with health literacy guidelines. Collaborate with academic partners to develop this communication strategy, including public health, acute clinical and community clinical staff as well as researchers

Build Infrastructure

Appropriate IT infrastructure is essential to facilitate these developments. Meaningful and accessible data can help strengthen clinical trials, biobanks, electronic health records, genetics, genomics and research support. Common IT systems are a priority.

Protected and Resourced Time

We need to create an environment where all healthcare professionals can feasibly carry out research, involving patients wherever possible. Time for teaching and training also needs to be protected. All AHSS partners and stakeholders should discuss how this can be delivered in practice. Specifically,

- Establish a working group to identify best practice across health professions in clinical settings in Ireland related to protected time
- Progress and advocate for joint appointments across all health professions

Integrate Research with Sláintecare

Through an AHSS approach, we need to explore how Sláintecare can be linked with Impact 2030, Ireland's Research and Innovation Strategy. Specifically,

- CAOs, Directors of Research and those overseeing research in the HSE should map current research activities with key components of Impact 2030, and identify potential future contributions to delivering this strategy.
- There needs to be engagement with the main research funding bodies, e.g. HRB, SFI, EI etc. to explore the contribution of the AHSS to enhancing impactful healthcare research.

Conclusion

In conclusion, establishing robust governance, fostering cross-sectoral agreements, enabling integration, building essential infrastructure, and ensuring protected time are pivotal steps for the seamless integration of Academic Health Science Systems into Health Regions. By prioritising leadership representation, developing memoranda of understanding, creating proactive communication strategies, and advocating for joint appointments, we lay the foundation for a collaborative healthcare ecosystem. Additionally, aligning research activities with national strategies like Impact 2030 and engaging with research funding bodies will further enhance the impactful contributions of AHSS to healthcare research in Ireland.



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